

**Iowa Board of Behavioral Science
Supervised Clinical Experience: Approval and Attestation**

PART 1: APPROVAL OF POST-GRADUATE SUPERVISED CLINICAL EXPERIENCE (to be completed by the supervisor of the applicant following completion of all graduate coursework, practicum, and internship).

Supervisor			Applicant		
<hr/>			<hr/>		
<i>Name</i>			<i>Name</i>		
<hr/>			<hr/>		
<i>Mailing Address</i>			<i>Mailing Address</i>		
<hr/>			<hr/>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<hr/>			<hr/>		
<i>Phone</i>		<i>E-mail Address</i>	<i>Phone</i>		<i>E-mail Address</i>
<hr/>			<hr/>		

Supervisor's Education/License Information

<i>Title</i>	<i>Degree/Major</i>	<i>University</i>	<i>License/Certification</i>	<i>Date Received & State</i>
<i>Title</i>	<i>Degree/Major</i>	<i>University</i>	<i>License/Certification</i>	<i>Date Received & State</i>

Supervisor's Most Recent Clinical Experience

<i>Employer</i>	<i>State</i>	<i>From: Month/Day/YearTo: Month/Day/Year</i>	<i>Type of Setting</i>
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Supervisor's Most Recent Supervision Experience

<i>Employer</i>	<i>State</i>	<i>From: Month/Day/YearTo: Month/Day/Year</i>	<i>Type of Setting</i>
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Description of training to serve as a supervisor

Length of the planned supervised experience from _____ **to** _____
Month/Day/Year *Month/Day/Year*

Employment setting(s) where the supervised experience will occur

<hr/> <i>Name of agency</i> <hr/> <i>Address</i> <hr/> <i>Phone #</i>		<hr/> <i>Name of agency</i> <hr/> <i>Address</i> <hr/> <i>Phone #</i>	
<i>E-Mail Address</i>		<i>E-Mail Address</i>	

Professional duties that will be performed under supervision (Add pages if needed)

Supervisor's Attestation

I certify that all the information I have provided is true and correct. _____
Signature *Date*

Return this form to the address at the bottom of the page and attach a copy to your electronic licensure file. Please retain a copy for your records. You will be required to submit Part 2 at the completion of the supervised experience. If you are unable to fulfill your supervisory responsibilities, or if the conditions of the supervised clinical experience change, immediately provide written information to the Iowa Board of Behavioral Science at the address on this form. After the attestation of supervision form has been reviewed, you will receive notification by email.

OFFICE USE ONLY: Approved ☐ Not Approved ☐ **Date:**

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Name of Applicant _____

PART 2: ATTESTATION OF THE COMPLETED SUPERVISED EXPERIENCE (completed by the supervisor and licensure applicant) The supervision must include a minimum of 25 percent of all clinical supervision in person. Up to 75 percent of all supervision may be completed by electronic means with no more than 50 percent completed by telephone. A minimum of 100 hours of the 200 hours required must be individual supervision.

Length of supervised experience from: _____ **to** _____
Month/Day/Year *Month/Day/Year*

_____ Total Hours of Group Supervision (Group Supervision may be done with up to ten supervisees)
_____ Hours in person _____ Hours by electronic means _____ Hours by Phone
_____ Total Hours of Individual Supervision (Must be face to face with no more that one supervisor per two supervisees)
_____ Hours in person _____ Hours by electronic means _____ Hours by Phone
_____ Number of direct client contact hours completed _____ Total number of counseling/therapy hours

Supervisor's Attestation

I certify that I have served as the supervisor for _____ as described in Parts 1 and 2. This applicant has successfully completed the supervised clinical experience. I recommend that he/she be considered for licensure.

Signature: _____ **Date:** _____

Applicant's Attestation

I certify that _____ has served as my supervisor and I have completed the supervised clinical experience as described in Parts 1 and 2.

Signature: _____ **Date:** _____

Return this signed form to the address below immediately upon completion of the supervised clinical experience.

**Iowa Board of Behavioral Science
IDPH/Professional Licensure
Lucas State Office Building, 5th Floor
321 E. 12th St.
Des Moines, IA 50319-0075
Tel. 515/281-4422
www.idph.state.ia.us/licensure**